

OLIFF & BERRIDGE, PLC
Telephone: (703) 836-6400
Facsimile: (703) 836-2787



PATENT APPLICATION

Attorney Docket No.: 117391

CUSTOMER NUMBER 25944

AMENDMENT TRANSMITTAL

In re the Application of

Yojiro MATSUEDA et al.

Group Art Unit: 2815

Application No.: 10/676,072

Examiner: P. BUDD

Filed: October 2, 2003

For: CIRCUIT SUBSTRATE, MANUFACTURING METHOD THEREOF, ELECTRO-OPTICAL DEVICE,
AND ELECTRONIC APPARATUS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Entitlement to small entity status is hereby asserted.
☐ Small entity status of this application has been established.

Any additional claim fees have been calculated as shown below:

(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD'L FEE		RATE	ADD'L FEE
TOTAL CLAIMS	*23 MINUS	**20	=3	x 25	\$		x 50	\$ 150
INDEP CLAIMS	*8 MINUS	***6	=2	x 100	\$		x 200	\$ 400
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ 180	\$	OR	+ 360	\$ -----
				\$				\$ 550

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

- ☒ Check No. 192855 in the amount of \$550.00 is attached. The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461.

Respectfully submitted,

James A. Cliff
Registration No. 27,075

Linda M. Saltiel
Registration No. 51,122

JAO:LMS/scg
Date: May 21, 2007